

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12108</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Philip</u> <u>T</u> <u>Allen</u> P.O. Box, Bldg., Room No., if any <u>PO Box 1499</u> Street _____ City <u>South Glens Falls</u> State <u>New York</u> ZIP Code + 4 <u>12803-1499</u>	4. Name, file number, and address of labor organization. Name <u>Builders, Woodworkers, + Millwrights Local #1</u> Labor Organization File Number <u>542-697</u> P.O. Box, Building and Room Number, if any <u>PO Box 1499</u> Street _____ City <u>South Glens Falls</u> State <u>New York</u> ZIP Code + 4 <u>12803-1499</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Philip T Allen

On

8-12-05

Date

518-746-0201

Telephone Number

Name of Person Filing <u>Philip Allen</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <input style="width: 80%;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Adirondack Carpenters Pension Fund</u> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <u>1280</u> Street <input style="width: 80%;" type="text"/> City <u>South Glens Falls</u> State <u>New York</u> ZIP Code + 4 <u>12803-1280</u>	14.a. Nature of payment <div style="border: 1px solid black; padding: 5px;"> <p>Trustee expense reimbursements</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">2/5/04</td> <td style="width: 20%;">\$ 141</td> <td style="width: 80%;">meals + lodging</td> </tr> <tr> <td>6/8/04</td> <td>46</td> <td>"</td> </tr> <tr> <td>8/16/04</td> <td>195</td> <td>"</td> </tr> <tr> <td>9/7/04</td> <td>304</td> <td>meals, lodging, travel</td> </tr> <tr> <td>9/7/04</td> <td>149</td> <td>mileage, meals</td> </tr> <tr> <td>10/13/04</td> <td>177</td> <td>meals, lodging</td> </tr> <tr> <td>10/5/04</td> <td>23</td> <td>meals</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black; border-bottom: 3px double black;">1,035</td> <td></td> </tr> </table> </div>	2/5/04	\$ 141	meals + lodging	6/8/04	46	"	8/16/04	195	"	9/7/04	304	meals, lodging, travel	9/7/04	149	mileage, meals	10/13/04	177	meals, lodging	10/5/04	23	meals		1,035	
2/5/04	\$ 141	meals + lodging																							
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10/5/04	23	meals																							
	1,035																								
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 80%;" type="text" value="1,035"/>																								

Philip Allen

12/31/04

Attachment to Form 4M-30

Schedule C

13a) Carpenters Locals 1042/229 Health Care Fund

PO Box 1280

South Glens Falls, NY 12803-1280

13b) Employer X

14a)	6/8/04	\$45	Trustee mtg dinner
	8/16/04	195	" meals, lodging
	9/7/04	149	" meals, mileage
	10/13/04	177	" meals, lodging
	10/5/04	23	" meal
	2/5/04	141	" meal, lodging
		<u>730</u>	

14b) \$730